



Workforce Policy Options

Colorado Commission on Affordable Health Care

September 2015

What's the Problem?

- The U.S. population is aging at a rapid rate; more people have coverage; and there are anticipated shortages in numbers of trained health care professionals to care for these patients.
- Primary care clinicians— those providing the most basic, frontline health services—continue to decrease in numbers.
- From an economic perspective, this shortage is being driven more by the supply side of the supply/demand equation
- Past solutions such as sign-on bonuses, relocation coverage, or new premium packages will have limited and temporary effect because they simply redistribute the supply, not increase it.



How Does Problem Contribute to Cost?

- Labor is an important and growing aspect of overall costs
- The time that a physician spends performing a task that a nurse practitioner (NP), physician assistant (PA), physical therapist (PT), pharmacist or other health professional is qualified to perform drives up health care costs unnecessarily.
- Lack of accessible primary care professionals may drive patients to seek out specialists for the delivery of primary care services or drive patients to the emergency department.
- Studies show that health care spending is higher in regions with a larger proportion of physician specialists



What Does the Research Say?

- Every percentage point increase in nurse turnover costs an average hospital about \$300,000 annually. Hospitals that perform poorly in nurse retention spend, on average, \$3.6 million more than those with high retention rates (PricewaterhouseCoopers' Health Research Institute)
- Two in five American adults receive primary care services from specialists (Bipartisan Policy Center)
- States with higher ratios of primary care physicians to population had better health outcomes (Shi 1992, 1994)
- The promise of substantially higher income, which also increases ability to pay off educational debt, encourages medical students to pursue specialty care. Between 1965 and 1992, the ratio of specialty physicians to U.S. population grew by 120 percent – compared to only 14 percent for primary care (Primary Care: Current Problems and Proposed Solutions.” Health Affairs)



Promising Practices from the Literature

- Allowing professionals to practice at the “top of their license,” meaning that they are performing the work that reflects the fullest extent of their education and training
- Establishing group visits for chronic conditions.
- Increase utilization of non-primary care providers/practitioners.*
 - Community health workers (CHWs) have made important contributions to improving the health of underserved populations in rural communities.
- Reforming payment to provide more support to primary care providers/practitioners.
- Providing loan repayment and financial incentives



What Are Other States Doing?

- As of April 2013, policies in 43 states promote the medical home model.
- Virginia established the Virginia Health Workforce Development Authority to “facilitate the development of a statewide health professions pipeline that identifies, educates, recruits and retains a diverse, geographically distributed and culturally competent quality workforce for all Virginians.
- Many state legislatures are redefining some of the parameters—the scope and standards of practice—for several medical professions.
- NM Project ECHO - trains primary care clinicians to provide specialty care services. Clinicians receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need.



What Are Other States Doing?

- Many states have established programs that provide financial incentives— such as tax credits, stipends and loan repayment—for providers serving rural and underserved areas.
- Several states support workforce initiatives aimed at providing training and career pathways for allied health professionals and supporting initiatives that use alternative health care providers—including community health workers—to provide outreach and guidance and link patients to primary care providers and services.
 - Maryland’s 2011 report, “Preparing Maryland’s Workforce for Health Reform: Health Care 2020” recommends support for non-traditional pathways to primary care, as well as other methods for supporting the pipeline of primary care providers (e.g., using graduate medical education payments for community-based primary care training).



What is Colorado Doing?

- In Colorado, primary care providers (dental, mental and primary care) working in designated health professional shortage areas can receive state and federal funding to repay qualifying educational loans.
- Colorado's Accountable Care Collaborative provides enhanced payment to primary care providers that serve as a medical home and meet certain quality metrics. Some private payers have utilized enhanced primary care payments.
- Colorado has moved forward with many expansions in scope of practice related to nursing, pharmacists, others
 - HB 1309- Dental Hygienists
 - SB 197- Rx authority APNs
 - HB 1032- Mental Health Professionals and minors



What is Colorado Doing?

- Colorado Health Professions Workforce Policy Collaborative convened policy leaders, health care providers, educational institutions, and economic development and workforce planning authorities to collectively establish a strategic public policy framework - the Colorado Health Workforce Development Strategy
- DORA and the Colorado PCO partnered to formalize a data sharing arrangement that transmits health care professional licensure data to better understand shortages and needs
- Modeling a ECHO program



What Information Gaps Exist?

- What are options for utilizing CO workforce in the most efficient manner to mitigate costs?
- How are other states using pharmacists or community health workers to fill the primary care gap? Is this safe and effective?
- Unclear on how changes in workforce specifically scope and delivery models will affect cost and quality



Opportunities for Cost Savings in Colorado

- Prioritize state health workforce development initiatives in accordance with data regarding current and prospective workforce shortages
- Identify policy solutions affecting the supply and distribution of Colorado's health workforce, with emphasis on the accessibility of primary care services
- Sustain Loan Repayment Incentive Programs
- Educate a Diverse and Culturally Competent Workforce
 - Training in cultural awareness, and increasing the racial, ethnic and cultural diversity of Coloradans entering advanced degree programs and serving as faculty
- Advocate for Measures Enabling Top-of-License Practice if barriers still exist



What are the Opposing Viewpoints?

- Expansions in scopes of care can negatively impact the quality of care and patient safety.
- Not clear whether these changes benefit the public, such as improved access or reduced costs.



Recommendations



How Do These Apply to the Filters?

- Absolute cost:
- Actionable:
- Public/private markets:
- Future cost driver:
- Can be evaluated:

